

NEW PROVIDENCE RABIES CLINIC

Who: Cats and Dogs
Date: Saturday, January 10, 2026
Time: 9:00 a.m. to 10:00 a.m.
Where: **NEW LOCATION**
DeCorso Senior Center
15 East 4th Street
New Providence, NJ 07974



In order to participate in the **Free Clinic** your pet(s) must be on a leash or in a carrier. The "Consent To Administer Anti-Rabies Inoculation" form on the back of this flyer **must be completed before arrival** and presented at the clinic. **The veterinarian will not administer the immunization without this form.** A record of prior immunization will be required for a 3-year inoculation. If no record is presented, a 1-year inoculation will be given.

We strongly encourage residents who are attending the Clinic to license their pets at this time. Please bring with you a completed Pet License form. **We are only accepting checks,** please have it made out in advance for the appropriate amount, payable to "Borough of New Providence".

License Fees

Dogs – \$16.00 (neutered)
Dogs – \$19.00 (not neutered)
Cats – \$16.00



Questions? Call (908) 665-1400 ext. 0 or email clerk@newprov.us

BOROUGH OF
NEW PROVIDENCE

SETTLED IN 1720

BOARD OF HEALTH

Phone: (908) 665-1400 ext. 0
Fax: (908) 665-9272

2026 ANTI-RABIES INOCULATION CONSENT FORM

PRINT CLEARLY – THIS INFORMATION IS USED TO CREATE THE RABIES CERTIFICATE

1. Bring this form, completed in its entirety, with you to the Clinic. One form for each pet.
2. All pets must be accompanied by an adult at least 18 years of age or older

Pet Owner's Name: _____

Street Address: _____

City / State / Zip: _____

Email address: _____

Phone (home) _____ **(cell)** _____

Pet's Name _____ **Breed** _____

Type (Circle one): **CAT** **DOG** **Age / DOB** _____

Sex: **MALE** _____ **FEMALE** _____ **Color** _____

Hair Length (circle one): **Long** **Medium** **Short**

Weight (circle one): **Under 20 lbs.** **20-50 lbs.** **Over 50 lbs.**

Prior Rabies Inoculation:

Date Given _____ **Expiration Date** _____

I hereby waive any claim against the New Providence Board of Health, the Borough of New Providence or any person(s) assisting with the anti-rabies clinic, for any possible illness, injury or death that may result from inoculation of my pet with anti-rabies serum.

PET OWNER'S SIGNATURE: _____

FOR BOROUGH USE ONLY – Rabies Clinic January 10, 2026

Veterinarian please initial to indicate which immunization given:

1 yr. _____ **3 yr.** _____